

George Holmes Bixby Memorial Library

Library Card Application

Date issued _____

Adult _____ *Family Card _____ ** Juvenile (7-15 years) _____ Seasonal _____ Temporary (3 months) _____

Name _____

P.O. Box or Street _____

Home Phone _____

Cell Phone _____

e-mail address _____

Preferred means of notifications _____ e-mail _____ home phone _____ cell phone

Please read and sign: I AGREE TO BE RESPONSIBLE FOR MATERIALS BORROWED ON THIS CARD AND FOR FINES AND FEES INCURRED, INCLUDING CHARGES FOR LOST AND DAMAGED MATERIAL. I HAVE READ AND AGREE TO ABIDE BY ALL LIBRARY CARD POLICIES.

Signature _____ Date _____

➤ **IMPORTANT PRIVACY NOTICE:** The following persons are authorized to receive notifications regarding my account (i.e. books on hold, overdue books) and to pick up books being held for me.

Name _____ Initials() Name _____ Initials()

CARD IS VALID FOR ONE YEAR

CARDHOLDER MUST RENEW APPLICATION WITHIN THIRTY DAYS OF EXPIRATION OR THE ACCOUNT WILL BE CLOSED AND A \$5.00 FEE WILL BE CHARGED TO OPEN A NEW ACCOUNT.

Signature _____ Date _____

I would like to receive e-mail notification of upcoming library programs for the following (check all that apply):

____ Preschool

____ Adult Programs

____ Volunteer Opportunities

____ Elementary

____ Family Programs

____ Friends of the Library Group

____ Teens

____ Book Discussions

*FAMILY CARD

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

****CARDHOLDER UNDER 16 YEARS OF AGE:**

Parent/guardian of cardholder under age 16, PLEASE READ AND SIGN:

I AGREE TO BE RESPONSIBLE FOR MATERIALS BORROWED BY THE JUVENILE AND FOR FINES AND FEES INCURRED, INCLUDING CHARGES FOR LOST AND DAMAGED MATERIALS. I UNDERSTAND THAT IT IS MY RESPONSIBILITY, AND NOT THAT OF THE LIBRARIANS, TO MONITOR MY CHILD'S ACCESS TO LIBRARY MATERIALS. I FURTHER ACKNOWLEDGE THAT UNLESS MY CHILD HAS LISTED ME IN THE PRIVACY SECTION, I WILL NOT HAVE ACCESS TO HIS/HER ACCOUNT.

Parent/Guardian Signature _____

Printed name _____

Home Phone _____ Cell Phone _____

Seasonal Resident please print your permanent address:

P.O. Box or Street _____

City/Town _____

State _____ Zip Code _____ Phone _____

Library Staff Use Only

Library Card Issued:

Date _____ Barcode _____

Date _____ Barcode _____

Yearly Renewal/Update:

Date _____ Patron Init _____

Date _____ Patron Init _____

Date _____ Patron Init _____

Date _____ Patron Init _____

6/2014